EQ (011.1)
03/30/21
Page 1 of 4

FLuoromethone as Adjunctive MEdical Therapy for TT Surgery (FLAME) Trial

EQ-5D FORM

ID. No.: subjid __ __ __ __ Alpha Code: alpha_code Visit #: __eqvisit

NOTE: *This form is completed at the Baseline Visit, and the Week 4, Month 6, and Month 12 Follow-up Visits. The study team should read the questions to the subject and record their answers.*

Instructions: *Check one box in each group below to indicate which statements best describe your own health state today.*

1. **Mobility**   eqmobility

   I have no problems in walking about ☐

   I have slight problems in walking about ☐

   I have moderate problems in walking about ☐

   I have severe problems in walking about ☐

   I am confined to bed ☐

2. **Self-Care**   eqselfcare

   I have no problems with self care ☐

   I have slight problems washing and dressing myself ☐

   I have moderate problems washing and dressing myself ☐

   I have severe problems washing and dressing myself ☐

   I am unable to wash or dress myself ☐

3. **Usual Activities** (e.g. work, study, housework, family or leisure activities)   eqactivities

   I have no problems with performing my usual activities ☐

   I have slight problems with performing my usual activities ☐

   I have moderate problems with performing my usual activities ☐

   I have severe problems with performing my usual activities ☐

   I am unable to perform my usual activities ☐

EQ-5D FORM

ID. No.: __ __ - __ __ __ __   Alpha Code: __ __ __ __   Visit #: __

4. Pain/Discomfort eqpain

I have no pain or discomfort ☐

I have slight pain or discomfort ☐

I have moderate pain or discomfort ☐

I have severe pain or discomfort ☐

I have extreme pain or discomfort ☐

5. Anxiety/Depression eqanxiety

I am not anxious or depressed ☐

I am slightly anxious or depressed ☐

I am moderately anxious or depressed ☐

I am severely anxious or depressed ☐

I am extremely anxious or depressed ☐

FLAME TRIAL

ID. No.: __ __ - __ __ __ __   Alpha Code: __ __ __ __   Visit #: __
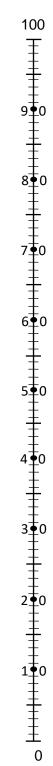
Best imaginable health state

6. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today

6. Enter health state indicated on scale by patient (0-100): __ __ __   eqhealthscale

100

9 0

8 0

7 0

6 0

5 0

4 0

3 0

2 0

1 0

0

Worst imaginable health state

EQ-5D FORM

ID. No.: __ __ - __ __ __ __   Alpha Code: __ __ __ __   Visit #: __

7. Name & certification number of study team member completing form:

   a.   Print Name:_____

   b.   Certification #: ___ ___ ___ ___

8. Date form completed:

   __ __ / __ __ / __ __

   Day   Month   Year

Data entry complete date: __ __ /__ __/__ __

Data entered by initials: __ __